

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | |
| 2 | 1 | 1 | | | | |
| 3 | | 1 | | | | |
| 4 | | 1 | | | | |
| 5 | 1 | | | | | |
| 6 | 1 | | | | | |
| 7 | 1 | | | | | |
| 8 | 1 | | | | | |
| 9 | 1 | | | | | |
| 10 | | 1 | | | | |
| 11 | | 1 | | | | |
| 12 | | 1 | | | | |
| 13 | | 1 | | | | |
| 14 | | 1 | | | | |
| 15 | 1 | | | | | |
| 16 | | 1 | | | | |
| 17 | 1 | | | | | |
| 18 | | 1 | | | | |
| 19 | 1 | | | | | |
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| 34 | 1 | | | | | |
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| 42 | 1 | | | | | |
| 43 | 1 | | | | | |
| 44 | 1 | | | | | |
| 45 | 1 | | | | | |
| 46 | 1 | | | | | |
| 47 | 1 | | | | | |
| 48 | 1 | | | | | |
| 49 | 1 | | | | | |
| 50 | 1 | | | | | |
| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

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|--------------|------|------|------|------|------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51 | 1 | | | | | |
| 52 | | 1 | | | | |
| 53 | 1 | | | | | |
| 54 | | 1 | | | | |
| 55 | 1 | | | | | |
| 56 | | 1 | | | | |
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| 58 | 1 | | | | | |
| 59 | | 1 | | | | |
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| 100 | | | | | | |
| TOTAL IND. | 31 | | | | | |
| TOTAL DEP. | | 29 | | | | |
| TOTAL CLAIMS | 60 | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS